



CENTRE FOR GLOBAL  
MENTAL HEALTH

KING'S  
*College*  
LONDON

# Evidence for reducing stigma and discrimination in mental health

Professor Sir Graham Thornicroft  
[graham.thornicroft@kcl.ac.uk](mailto:graham.thornicroft@kcl.ac.uk)

Presented to: Danish Health Authority meeting 17.01.22



WHO Collaborating Centre

# Plan

- defining stigma and discrimination
- evidence for effective interventions
- examples of good practice

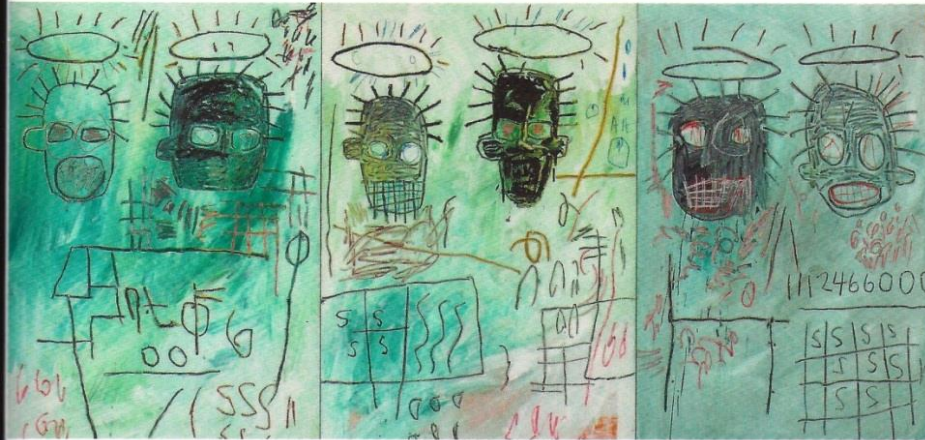
# Plan

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- evidence for effective interventions
- examples of good practice

# Reaction by neighbours to proposed community mental health centre in Yorkshire



GRAHAM THORNICROFT



# SHUNNED

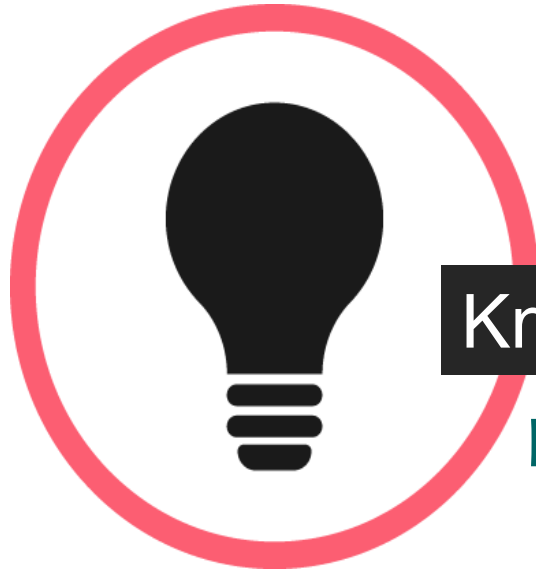
discrimination against people with mental illness

**WINNER - MENTAL HEALTH CATEGORY**

BMA MEDICAL BOOK AWARDS 2007

OXFORD

# What is stigma?



Knowledge

Ignorance



Attitudes

Prejudice



Behaviour

Discrimination

Source: Thornicroft G, et al.  
Brit. J Psychiatry. 2007;190:192-3

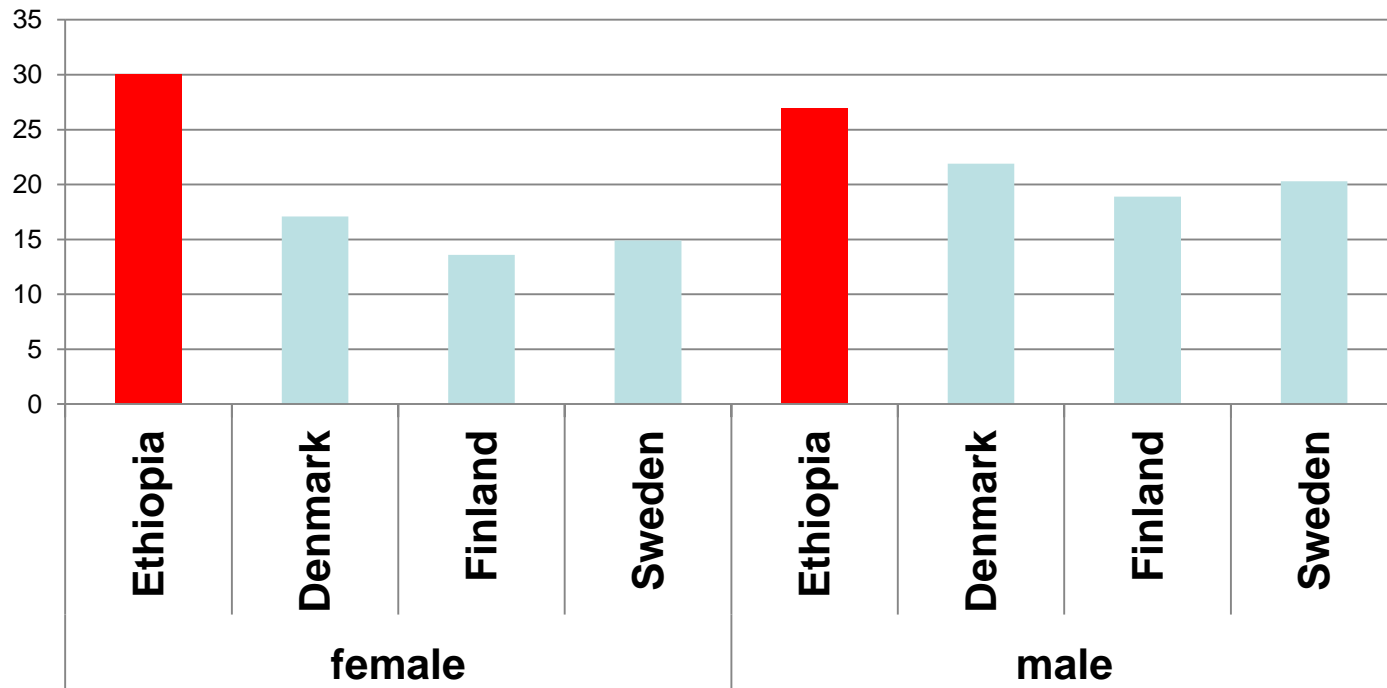


# Social exclusion and stigma

Poorer prospects for:

- employment, promotion and pay
- marriage
- access to mental health care
- access to physical health care
- life expectancy

# Premature mortality: years of life lost



Sources: Wahlbeck K. et al British Journal of Psychiatry, 2011  
Fekadu A. et al British Journal of Psychiatry, 2015



Original Investigation | META-ANALYSIS

# Mortality in Mental Disorders and Global Disease Burden Implications

## A Systematic Review and Meta-analysis

Elizabeth Reisinger Walker, PhD, MPH, MAT; Robin E. McGee, MPH; Benjamin G. Druss, MD, MPH

*JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2014.2502

Published online February 11, 2015.

or unknown causes. The median years of potential life lost was 10 years (n = 24 studies). We estimate that 14.3% of deaths worldwide, or approximately 8 million deaths each year, are attributable to mental disorders.

**CONCLUSIONS AND RELEVANCE** These estimates suggest that mental disorders rank among the most substantial causes of death worldwide. Efforts to quantify and address the global burden of illness need to better consider the role of mental disorders in preventable mortality.

# Why is life expectancy 20 years less for people with severe mental illness ?



## **Suicide?**

No. Only 11% of all relevant deaths



## **Physical conditions?**

Yes. Cardiac and pulmonary disease more common due to lifestyle, smoking, diet, lack of exercise and worse physical health care

## Editorial

# Physical health disparities and mental illness: the scandal of premature mortality<sup>†</sup>

Graham Thornicroft

## EDITORIALS

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### **Premature death among people with mental illness**

At best a failure to act on evidence; at worst a form of lethal discrimination

Graham Thornicroft *professor of community psychiatry*

Health Service and Population Research Department, King's College London, Institute of Psychiatry, London SE5 8AF, UK

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# Management of physical health conditions in adults with severe mental disorders

WHO GUIDELINES



World Health  
Organization

Key message:

Mental illnesses *are*  
killer diseases

Structural / systemic  
discrimination



# Why is there a mental health gap?

## HUMAN RESOURCES

Only 1% of the global health workforce works in mental health

1%

of those 1%:

43% NURSES

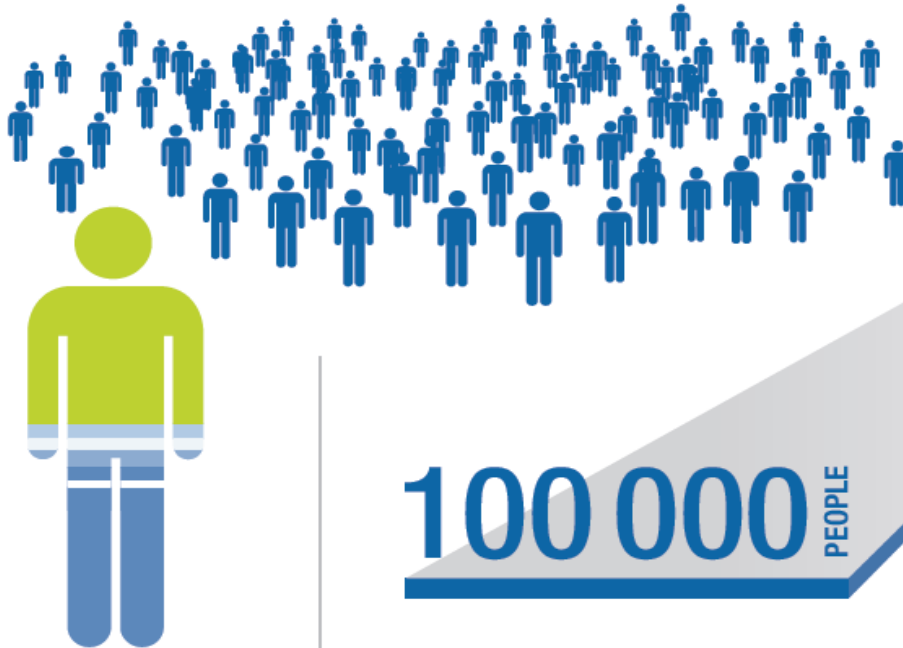
8% PSYCHIATRISTS

3% SOCIAL WORKERS

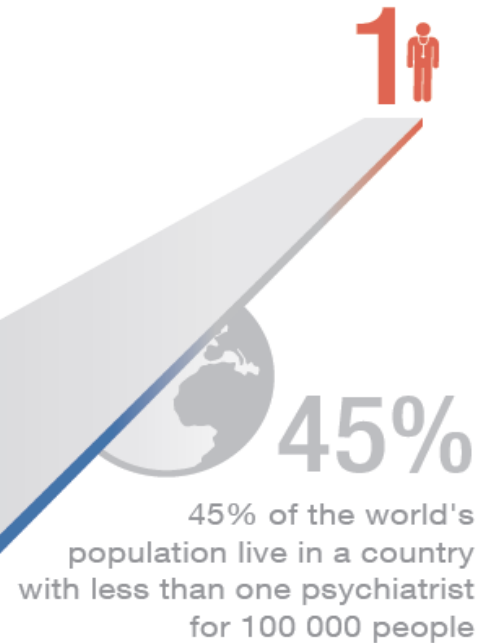
7% PSYCHOLOGISTS

1.5% OCCUPATIONAL THERAPISTS

33% OTHER



100 000 PEOPLE



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- examples of good practice

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# Evidence for effective interventions to reduce mental-health-related stigma and discrimination

*Graham Thornicroft, Nisha Mehta, Sarah Clement, Sara Evans-Lacko, Mary Doherty, Diana Rose, Mirja Koschorke, Rahul Shidhaye, Claire O'Reilly, Claire Henderson*

www.thelancet.com Published online September 23, 2015 [http://dx.doi.org/10.1016/S0140-6736\(15\)00298-6](http://dx.doi.org/10.1016/S0140-6736(15)00298-6)

# What have we learned so far?

## Social contact works:

- The most critical active ingredient for stigma reduction
- So people with experience of mental illness are central



## For young people:

- Contact needs to happen in educational settings



## Virtual/filmed/internet non-direct social contact:

- Perhaps as good as live contact
- Allows scaling up to whole populations



## Low-middle income countries

- Where 85% of world population live
- Little data on how to reduce stigma



Evidence at the country level

# Anti-stigma campaigns

in order of initiation



**New Zealand**  
Like Minds Like Mine  
[mentalhealth.org.nz](http://mentalhealth.org.nz)



**Canada**  
Opening Minds  
[mentalhealthcommission.ca](http://mentalhealthcommission.ca)



**Australia**  
Beyond Blue  
[beyondblue.org.au](http://beyondblue.org.au)



**Catalonia, Spain**  
Programa de Salud Mental  
[decada4.es](http://decada4.es)



**Scotland**  
See Me  
[seemescotland.org](http://seemescotland.org)



**Ireland**  
See Change  
[seechange.ie](http://seechange.ie)



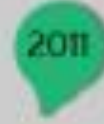
**England**  
Time to Change England  
[time-to-change.org.uk](http://time-to-change.org.uk)



**The Netherlands**  
Samen Sterk tegen Stigma  
[samensterktegenstigma.nl](http://samensterktegenstigma.nl)



**USA**  
BringChange2Mind  
[bringchange2mind.org](http://bringchange2mind.org)



**Denmark**  
One of Us  
[one-of-us.nu](http://one-of-us.nu)



**Sweden**  
Hjärnkoll  
[hjärnkoll.se](http://hjärnkoll.se)



**Wales**  
Time to Change Wales  
[timetochangewales.org.uk](http://timetochangewales.org.uk)

# Time to Change



- social marketing: television, radio, press and events
- all content based on concept of **social contact**
- creating ways for people *without* lived experience of mental ill health to contact people who *do*



# BJPpsych

The British Journal of Psychiatry

## Reducing stigma and discrimination: Evaluation of England's Time to Change programme

Edited by Claire Henderson and Graham Thornicroft

### Editorials

- s45 **Evaluation of the Time to Change programme in England 2008–2011**  
C. Henderson and G. Thornicroft
- s49 **Anti-stigma campaigns: time to change**  
M. Smith

### Papers

- s51 **Public knowledge, attitudes and behaviour regarding people with mental illness in England 2009–2012**  
S. Evans-Lacko, C. Henderson and G. Thornicroft
- s58 **Experiences of discrimination among people using mental health services in England 2008–2011**  
E. Corker, S. Hamilton, C. Henderson, C. Weeks, V. Pinfold, D. Rose, P. Williams, C. Flach, V. Gill, E. Lewis-Holmes and G. Thornicroft
- s64 **Newspaper coverage of mental illness in England 2008–2011**  
A. Thornicroft, R. Goulden, Guy Shefer, D. Rhydderch, D. Rose, P. Williams, G. Thornicroft and C. Henderson
- s70 **Mental health problems in the workplace: changes in employers' knowledge, attitudes and practices in England 2006–2010**  
C. Henderson, P. Williams, K. Little and G. Thornicroft
- s77 **Influence of Time to Change's social marketing interventions on stigma in England 2009–2011**  
S. Evans-Lacko, E. Malcolm, K. West, D. Rose, J. London, N. Rüsçh, K. Little, C. Henderson and G. Thornicroft

- s89 **Anti-stigma training for medical students: the Education Not Discrimination project**  
B. Friedrich, S. Evans-Lacko, J. London, D. Rhydderch, C. Henderson and G. Thornicroft
- s95 **Economic evaluation of the anti-stigma social marketing campaign in England 2009–2011**  
S. Evans-Lacko, C. Henderson, G. Thornicroft and P. McCrone

### Invited commentaries

- s102 **Time to Change campaign through the eyes of a service user. Invited commentary on . . . Evaluation of England's Time to Change programme**  
M. Nettle
- s104 **Time to Change from the perspective of a family member. Invited commentary on . . . Evaluation of England's Time to Change programme**  
S. P. Hinshaw
- s106 **It is time to change our cultural context. Invited commentary on . . . Evaluation of England's Time to Change programme**  
B. G. Link
- s108 **Time to change, time to evaluate. Invited commentary on . . . Evaluation of England's Time to Change programme**  
N. Sartorius

Acta  
Psychiatrica  
Scandinavica

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SUPPLEMENTUM

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Effectiveness of national anti-stigma  
programmes: Canada, England and  
Sweden

# A decade of progress – public attitude changes



Around 4.1 million people have improved attitudes

# General population - intended behaviour changes (2009-16)

**+15%** willingness to live with a person with mental health problem

**+11%** willingness to work with ...

**+10%** willingness to live near to...

**+6%** willingness to continue a relationship with...

# Experienced discrimination – changes 2008-2014

Thanks to you, people are facing  
less mental health discrimination.

**7%**  
less  
discrimination  
from family

**15%**  
less  
discrimination  
from friends

**10%**  
less  
discrimination  
in dating

# Time to Change in England: overview

- consistent pattern of positive changes
- for knowledge, attitudes & behaviour outcomes
- most positive change is for service users reports of experienced discrimination – down > 11%
- campaign awareness <----> more disclosure

## Changes in attitudes, intended behaviour, and mental health literacy in the Swedish population 2009–2014: an evaluation of a national antistigma programme

**L. Hansson, S. Stjernswärd, B. Svensson**

Department of Health Sciences, Lund University, Lund, Sweden

- Attitudes, mental health literacy, and intended behaviour showed positive changes during the campaign period.
- Social contact was a main source for interventions and campaign events.
- Duration of campaign was related to changes in attitudes, knowledge, and behaviour.



time to change  
global

## Conversations change lives

Global anti-stigma toolkit

let's end mental health discrimination



**Credits:** Sue Baker (TTC Global), BNBR Kenya, Champions, MH Society of Ghana

## Michelle Obama: Former US first lady says she has 'low-grade depression'

🕒 6 August 2020



🔗 Share



Michelle Obama spoke of her dismay at much of what is going on in the US

Former US First Lady Michelle Obama has said she is suffering from "low-grade depression" because of the pandemic, racial injustice and the "hypocrisy" of the Trump administration.

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OTHER WAYS TO SUPPORT  
YOUNGMINDS

**HEADS TOGETHER**

#HELLOYELLOW

## HEADS TOGETHER

Heads Together is a mental health campaign led by The Royal Foundation in partnership with YoungMinds and seven other charities. The aim of the campaign is to challenge mental health stigma and change the national conversation on mental wellbeing.





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# Announcing the *Lancet* Commission on stigma and discrimination in mental health

*Graham Thornicroft, Charlene Sunkel*

Published **Online**

November 5, 2020

[https://doi.org/10.1016/](https://doi.org/10.1016/S0140-6736(20)32203-0)

[S0140-6736\(20\)32203-0](https://doi.org/10.1016/S0140-6736(20)32203-0)

Centre for Global Mental Health and Centre for Implementation Science, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London SE5 8AF, UK (GT); and Global Mental Health Peer Network, Johannesburg, South Africa (CS)

Contribute your experiences and views via:

<https://indigo-group.org/the-lancet-commission-on-stigma-and-discrimination-in-mental-health-lcs/>

Or search: indigo & stigma & lancet commission

# Summary

- defining stigma and discrimination
- evidence for effective interventions
- examples of good practice

# Key points

- stigma & discrimination **can be reduced**
- active ingredient is **social contact**
- people with **lived experience** are key change agents
- needs **long-term** commitment
- work at **all levels**: population, local, organisations and individuals
- focus on **social inclusion** and human rights
- evaluate impacts over time



# Social Contact





**OVERCOMING BARRIERS IN MINDS AND SOCIETY**  
8TH CONFERENCE – TOGETHER AGAINST STIGMA



**COPENHAGEN 2017**  
**20 - 22 SEPTEMBER**

**Øksnehallen**  
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AUTHORITY

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ONE OF US







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# Contact

Email: [graham.thornicroft@kcl.ac.uk](mailto:graham.thornicroft@kcl.ac.uk)